

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MINNESOTA

Case number (if known)

Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name MEnD Correctional Care, PLLC

2. All other names debtor used in the last 8 years  
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 26-2633947

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	1908 Krutchen Court South Sartell, MN 56377 Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code
	Stearns County	Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.mendcare.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **MEnD Correctional Care, PLLC**  
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☐ Chapter 7  
☐ Chapter 9

☒ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District \_\_\_\_\_  
District \_\_\_\_\_

When \_\_\_\_\_  
When \_\_\_\_\_

Case number \_\_\_\_\_  
Case number \_\_\_\_\_

Debtor **MEnD Correctional Care, PLLC**  
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No  
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship  
District Case number, if known  
When

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No  
☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard?
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other
- Where is the property?**  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No  
☐ Yes. Insurance agency  
Contact name  
Phone

**Statistical and administrative information**

13. Debtor's estimation of available funds Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |
15. Estimated Assets
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000      | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000     | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million   | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor **MEnD Correctional Care, PLLC**

Case number (if known)

Name

- ☐ \$50,001 - \$100,000
- ☐ \$100,001 - \$500,000
- ☐ \$500,001 - \$1 million

- ☐ \$10,000,001 - \$50 million
- ☐ \$50,000,001 - \$100 million
- ☐ \$100,000,001 - \$500 million

- ☐ \$1,000,000,001 - \$10 billion
- ☐ \$10,000,000,001 - \$50 billion
- ☐ More than \$50 billion

Debtor **MEnD Correctional Care, PLLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **11/30/2022**  
MM / DD / YYYY

**X /s/ Todd Leonard, MD CCHP-P**

Signature of authorized representative of debtor

**Todd Leonard, MD CCHP-P**

Printed name

Title **President & Chief Medical Officer**

**18. Signature of attorney**

**X /s/ Steven B. Nosek**

Signature of attorney for debtor

Date **11/30/2022**

MM / DD / YYYY

**Steven B. Nosek 79960**

Printed name

**Steven B. Nosek, P.A.**

Firm name

**Attorney at Law  
2812 Anthony Lane S, #200  
St. Anthony, MN 55418**

Number, Street, City, State & ZIP Code

Contact phone **612-335-9171**

Email address **snosek@noseklawfirm.com**

**79960 MN**

Bar number and State

**Fill in this information to identify the case:**

Debtor name **MEnD Correctional Care, PLLC**  
 United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Afco 5600 North River Rd Suite 400 Rosemont, IL 60018-5187						\$175,512.54
Anthony Ostlund Louwagie Dressen Rebecca Vagn Off. Mgr. 90 S 7th St, Ste 3600 Minneapolis, MN 55402						\$5,790.00
Boeckerman, Grafstrom & Mayer 7900 Xerxes Avenue South Suite 1200 Brooklyn Center, MN 55430						\$7,500.00
Consolidated Contracting 695 Heritage Drive Sartell, MN 56377						\$6,000.00
Frekrikson & Byron PO Box 1484 Minneapolis, MN 55480-1484						\$600,301.69
Fusion 10 Woodbridge Ct Drive Suite 4000 Woodbridge, NJ 07095						\$30,000.00
Indeed, Inc. Mail Code 5160 PO Box 660367 Dallas, TX 75266-0367						\$30,000.00

Debtor **MEnd Correctional Care, PLLC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Jennifer Margaret Pearl Dombovy 157 North Starr Avenue New Richmond, WI 54017						\$6,666.67
Khider Elneimeiry 650 Sprin Street Sun Prairie, WI 53590		Contract Employee				\$12,000.00
Kimberly Kay Grob 20225 Jubilee Drive Silver Lake, MN 55381						\$5,113.33
Larson King Linda Yang 30 E 7th Street #2800 Saint Paul, MN 55101						\$68,374.86
Maxim Healthcare 8421 Wayzata Blvd, Ste 320 Golden Valley, MN 55426						\$40,000.00
MMA 62886 Collection Center Drive Chicago, IL 60693						\$60,000.00
Otjen Law Firm, S.C. Teresa Summerfield Brown PO Box 681065 Chicago, IL 60695-2065						\$15,381.95
Roger Melvin Boettcher 3656 75th Ave Princeton, MN 55371						\$8,333.34
Steven Scurr DO 33150 L Avenue Beaman, IA 50609		Contract Employee				\$8,000.00
Thrifty White Pharmacy PO BOx 41910 Plymouth, MN 55441						\$6,500.00
Todd Leonard c/o MEnd Correctional Care 1908 Krutchen Ct South Sartell, MN 56377						\$240,000.00



Debtor **MEnD Correctional Care, PLLC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
United Health Care PO Box 94017 Palatine, IL 60094		Employee Health Insurance				\$38,000.00
United Health Care PO Box 860511 Minneapolis, MN 55486		Cafeteria Plan				\$7,700.00



Case 2:22-cv-00344-PP Doc 1  
ADDYSON M. CONRAD  
1230 E AUER AVENUE  
APT. 201  
MILWAUKEE WI 53212

Filed 11/30/22 Entered 11/30/22 14:44:10  
BRENT JAMES ANDERSON  
Document Page 9 of 12  
1251 10TH AVE NE  
APT 327  
SAUK RAPIDS MN 56379

Desc Main  
FUSION  
10 WOODBRIDGE CT DRIVE  
SUITE 4000  
WOODBIDGE NJ 07095

AFCO  
5600 NORTH RIVER RD  
SUITE 400  
ROSEMONT IL 60018-5187

CASEY KATHLEEN DONARSKI  
2020 65TH AVE S  
FARGO ND 58104

HANOVER INSURANCE  
PO BOX 580045  
CHARLOTTE NC 28258-0045

AFCO  
PO BOX 360572  
PITTSBURGH PA 15250-6572

CHARTER COMMUNICATIONS  
PO BOX 94188  
PALATINE IL 60094

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WILLMAR MN 56201

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23848 67TH AVENUE  
SAINT CLOUD MN 56301

CHELSEA SUZANNE FENSKE  
107 S 11TH STREET  
MONTEVIDEO MN 56265

HOLLY YORK, NP  
10163 3RD STREET NW  
WATERTOWN SD 57201

AMERICAN EXPRESS  
PO BOX 96001  
LOS ANGELES CA 90096-8000

CHERRI LYNN DRUMMER  
518 N CENTER STREET  
MARSHALLTOWN IA 50158

INDEED, INC.  
MAIL CODE 5160  
PO BOX 660367  
DALLAS TX 75266-0367

ANGELA KRISTEN ELFERING  
PO BOX 423  
406 6TH STREET  
DANUBE MN 56230

CONSOLIDATED CONTRACTING  
695 HERITAGE DRIVE  
SARTELL MN 56377

INTEGRATED CONSULTING SEF  
CRAIG SIIRO  
4917 WEST 93RD STREET  
BLOOMINGTON MN 55437

ANTHONY CALEB BUSS  
13274 BROOKSIDE ROAD  
SOUTH HAVEN MN 55382

DEBRA L HEBERLING  
6424 GREEN RIDGE DRIVE  
RACINE WI 53406

J AUSTIN  
4828 QUEEN AVENUE SOUTH  
MINNEAPOLIS MN 55410

ANTHONY OSTLUND LOUWAGIE DRESSSEN  
REBECCA VAUGHN OFF. MGR.  
90 S 7TH ST, STE 3600  
MINNEAPOLIS MN 55402

ENJAY PLUMBING  
520  
APOLLO AVENUE NE  
SAINT CLOUD MN 56304

JAMES L. ALLEN  
7829 NORTH 60TH  
APT 29E  
MILWAUKEE WI 53223

ASHLEY JANAY BRADFORD  
5010 BISCAYNE AVENUE  
APT 8  
RACINE WI 53406

ELIZABETH ASHLEY ASMONDY  
3817 WYOMING WAY  
RACINE WI 53404

JENNIFER MARGARET PEARL I  
157 NORTH STARR AVENUE  
NEW RICHMOND WI 54017

BOECKERMAN, GRAFSTROM & MAYER  
7900 XERXES AVENUE SOUTH  
SUITE 1200  
BROOKLYN CENTER MN 55430

FREKRIKSON & BYRON  
PO BOX 1484  
MINNEAPOLIS MN 55480-1484

JENNIFER MARIE ELMORE  
107 E 6TH AVENUE  
SLATER IA 50244

Case 2:22-cv-00344-PP Doc 1  
KAREN ELIZABETH GERDES  
1100 162ND AVENUE  
MILAN IL 61264

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MARCO  
NW 7128  
PO BOX 1450  
MINNEAPOLIS MN 55485-7128

PRECISE  
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KARLY RAYANN HASSEBROCK  
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ALDEN IA 50006

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FOUNTAIN MN 55935

MAXIM HEALTHCARE  
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APT 4  
KENOSHA WI 53142

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BRAINERD MN 56401

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PRINCETON MN 55371

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CHICAGO IL 60693

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BROWN DEER WI 53209

OTJEN LAW FIRM, S.C.  
TERESA SUMMERFIELD BROWN  
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CHICAGO IL 60695-2065

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PHILADELPHIA PA 19176

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MABEL MN 55954

PAULA MARIE BUTENAS  
619 N ARMSTRONG AVE  
LITCHFIELD MN 55355

STEVEN SCURR DO  
33150 L AVENUE  
BEAMAN IA 50609

TASHA LETA BELL  
8875 REITZ LAKE RD  
WACONIA MN 55387

THRIFTY WHITE PHARMACY  
PO BOX 41910  
PLYMOUTH MN 55441

TODD LEONARD  
C/O MEND CORRECTIONAL CARE  
1908 KRUTCHEN CT SOUTH  
SARTELL MN 56377

UNITED HEALTH CARE  
PO BOX 94017  
PALATINE IL 60094

UNITED HEALTH CARE  
PO BOX 860511  
MINNEAPOLIS MN 55486

XCEL ENERGY  
PO BOX 9477  
MINNEAPOLIS MN 55484-9477

**United States Bankruptcy Court  
District of Minnesota**

In re **MEnD Correctional Care, PLLC**

Debtor(s)

Case No.

Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **MEnD Correctional Care, PLLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**11/30/2022**

Date

**/s/ Steven B. Nosek**

**Steven B. Nosek 79960**

Signature of Attorney or Litigant

Counsel for **MEnD Correctional Care, PLLC**

**Steven B. Nosek, P.A.**

**Attorney at Law**

**2812 Anthony Lane S, #200**

**St. Anthony, MN 55418**

**612-335-9171 Fax:612-789-2109**

**snosek@noseklawfirm.com**